

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/567980

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 3 rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		1				
5		1				
6		1				
7		1				
8	1		1			
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
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42		1				
43		1				
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45						
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47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↖	39	↖		↖
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS						